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Bib Data Sheet

CONFIRMATION NO. 8219

<b>SERIAL NUMBER</b> 09/289,067	<b>FILING DATE</b> 04/08/1999 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2684	<b>ATTORNEY DOCKET NO.</b> 1280.00101	
<b>APPLICANTS</b> DAVID R. IRVIN, RALEIGH, NC; ALI S. KHAYRALLAH, APEX, NC;					
<b>** CONTINUING DATA *****</b> No 1876					
<b>** FOREIGN APPLICATIONS *****</b> No 1876					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/04/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> - NC	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 24239					
<b>TITLE</b> METHOD OF GENERATING CONTROL SIGNALS BASED ON LOCATION OF RADIO TERMINALS					
<b>FILING FEE RECEIVED</b> 1174	FEES: Authority has been given in Paper. No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/289,067	FILING DATE 04/08/99	CLASS 455	GROUP ART UNIT <del>2746</del> 2684	ATTORNEY DOCKET NO. 1280.00101
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APPLICANT

DAVID R. IRVIN, RALEIGH, NC; ALI S. KHAYRALLAH, APEX, NC.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

No 3/21

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

No 3/26

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

No 3/26

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/04/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged <u>6/2</u> Examiner's Initials _____	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NC	SHEETS DRAWING 8	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 6
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ADDRESS

WOOD PHILLIPS VAN SANTEN  
CLARK AND MORTIMER  
500 WEST MADISON STREET SUITE 3800  
CHICAGO IL 60661

TITLE

METHOD OF GENERATING CONTROL SIGNALS BASED ON LOCATION OF RADIO  
TERMINALS

FILING FEE RECEIVED  \$1,174	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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